



PO Box 7412
 Panama City Beach, FL 32413
 (850) 234-6284
 www.pcbpawsandclaws.org

VOLUNTEER/FOSTER APPLICATION

Thank you for your interest in volunteering! Please fill out the application completely and sign at the bottom.

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ Employer: _____

Volunteering at PetSmart Adoption Center (Please only fill out if interested in volunteering at PetSmart.)

I am able to volunteer my time in the: Mornings Afternoons Evenings Weekends Not Interested

I hereby agree that I am providing volunteer services assisting in pet adoptions through Panama City Beach Paws & Claws at local PetSmart stores and will adhere to all rules and regulations. I understand that neither PCB Paws & Claws nor PetSmart is responsible for illness or injury caused by any animal that I come in contact with during my volunteer work. I agree to hold harmless and release from liability PCB Paws & Claws and PetSmart should I become sick or injured from any animal as a result of my volunteer work. Initials _____ Date _____

Fostering (Please only fill out if interested in fostering.)

I am able to foster: Kittens Cats Puppies Dogs Not Interested in Fostering

How many pets are currently in your home: Kittens ___ Cats ___ Puppies ___ Dogs ___ Other _____

Are all household pets spayed/neutered and current on vaccinations? Yes No

I/We live in a: House Condo Mobile Home Apartment Other _____

I/We: Own Rent Live with Parents Other _____

Is your Landlord aware of or approving of having additional pets in your home? Yes No

Have you or anyone in your household ever been cruel or abusive towards animals? _____

How many adults are in your household? ___ How many children are in your household? ___ Ages? _____

How many children visit regularly including children/stepchildren/grand children? _____ Ages? _____

I understand the animal under my care is the sole property of PCB Paws & Claws and I am to relinquish the animal immediately if asked to do so. I understand that PCB Paws & Claws will pay all medical expenses for the animal, as long as I contact the organization prior to any veterinary visits. I understand that PCB Paws & Claws may conduct a home visit prior to animal placement. Initials _____ Date _____

I would like to volunteer in other ways. (Please check all that apply.)

Fundraising Data Entry Phone Calls Events Marketing Internet Marketing Other _____

Please list applicable skills/experience _____

Signature _____ Date _____

Parent's/Guardian's Signature if Minor _____

Driver's License # _____